LLC-5

Application to Register a Foreign **Limited Liability Company (LLC)**

To register in California an LLC from another state, country or other place, fill out this form, and submit for filing along with:

- A \$70 filing fee, and
- A certificate of good standing, issued within the last six (6) months by the agency where the LLC was formed.
- A separate, non-refundable \$15 service fee also must be included, if you drop off the completed form.

Important! LLCs in California may have to pay a minimum \$800 yearly tax to the California Franchise Tax Board. For more information, go to https://www.ftb.ca.gov.

Registered LLCs cannot provide in California "professional services," as defined by California Corporations Code sections 13401(a) and 13401.3.

201535110081

FILED & Secretary of State State of California DEC 1 7 2015

This Space For Office Use Only

For questions about this form, go to www.sos.ca.gov/business/be/filing-tips.htm

LLC Nam	e to be used for th	is LLC in California				
① a.	SACTOWN HCP, LLC					
_ _ .	LLC Name		use now (exactly as liste	d on your certificate of goo	d standing)
b.						
	Alternate Name If the LLC name in Item 1a does not comply with California Corporations Code section 17701.08; its an alternate name to be used in California exactly as it is to appear on the records of the California Secretary of State. The alternate name must include: LLC, L,L,C., Limited Liability Company, Limited Liability Co., Ltd. Liability Co. or Ltd. Liability Company; and may not include: bank, trust, trustee incorporated, inc., corporation, or corp., insurer, or insurance company. For general entity name requirements and restrictions, go to www.sos.ca.gov/business/be/name-availability.htm.					
LLC Hist	ory					
		med (MM, DD, YYYY):				
b. 8	b. State, country or other place where your LLC was formed:				Wyoming	
c. Y	Your LLC currently has	s powers and privileges to	conduct business in	the state, country or o	ther plac	e listed above.
process in ca agent is a Ca	ase your LLC is sued. Yo	fornia resident or a California u may list any adult who lives ate agent as the agent's addre stem	in California. You may n	ot list an LLC as the agen	t. Do not I	ist an address if the
h	J				CA	
b.	Agent's Street Address	(if agent Is not a corporation)	- Do not list a P.O. Box	City (no abbreviations)	State	Zip
Se	cretary of State will be i resses	e has resigned or cannot appointed the agent for	service of process for		attempts,	the California
④ a.	Street Address of Britari	, Ste. 500, Cheyenne,	VV 1 02001	City (no abbreviations)	State	
L				City (no appreviations)	CA	21 <i>p</i>
b,	Street Address of Princi	pal Office in California, if any	- Do not list a P.O. Box	City (no abbreviations)	State	Zip
C,	Mailing Address of Princ	cipal Executive Office, if differe	ant from 4a or 4b	City (no abbreviations)	State	Zip
	d sign below: orized to sign this docu	ument under the laws of the	ne state, country or o	ther place where this l	LC was	formed,
)	D-		Ben Atkins		Manager	
Sign Here		Print your name here		Your business title		
Make check/money order payable to: Secretary of State			By Mail		Drop-Off	
Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.			Secretary of State Business Entities, P.O. Box 944228 Sacramento, CA 94244-2280		Secretary of State 1500 11th Street., 3rd Floor Sacramento, CA 95814	

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

SACTOWN HCP, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 3, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000698934**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 17th day of December, 2015 at 11:42 AM. This certificate is assigned 019098734.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.